

Name
in
Full

Magdalena Bach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

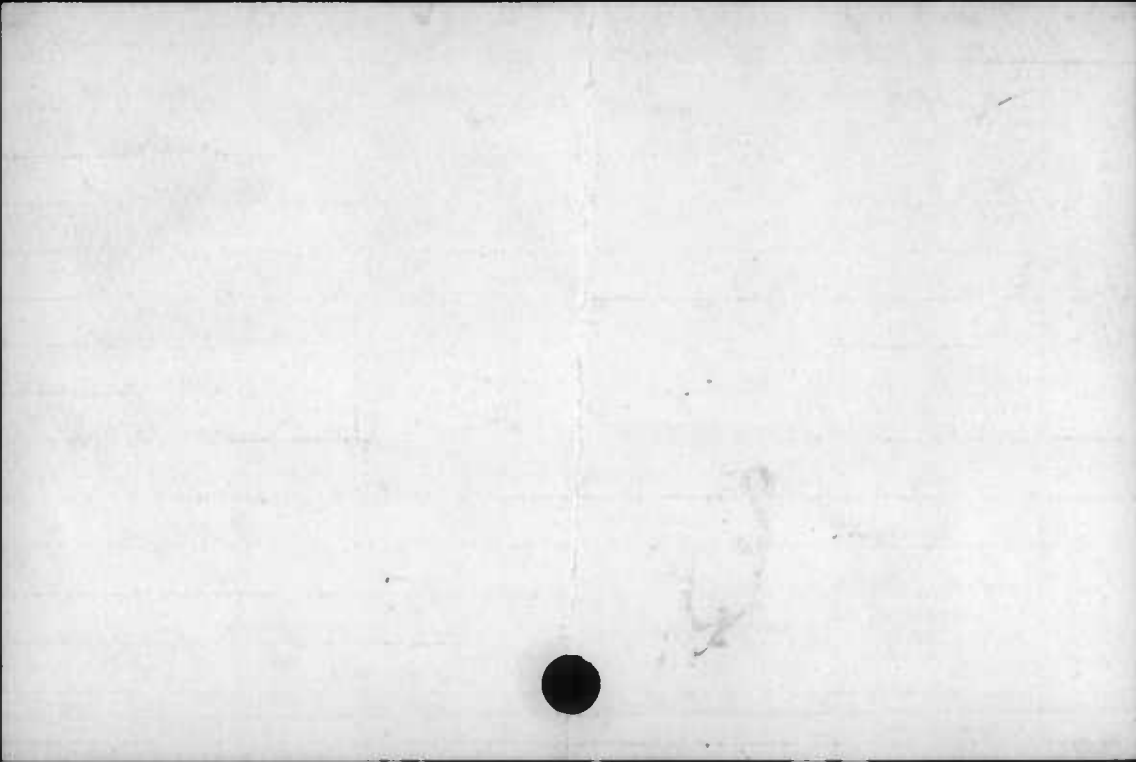
Died at <i>Accident</i>		Town <i>Garrett</i>		County <i>Garrett</i>		MARYLAND	
Date of death	1909	Month	Jan.	Day	11	Age	77
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Germany</i>		Months	9
Occupation <i>Retired</i>		Where Residing if not at place of death		Days		27	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Henry Bach Sr.</i>		Father's Name <i>George Hafler</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Germany</i>		Name of person giving information <i>Henry Bach Jr.</i>		How related to deceased <i>Son</i>	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of Stomach</i>	How long	<i>about one year</i>
Immediate	<i>Carcinoma of Stomach</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. H. Briscoe M.D.</i>	
<i>yes</i>		Address <i>Accident Ind.</i>	
Accident or Suicide?			



Name
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Full

Merlie Ballis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>accident</i>		Town <i>Garrett</i>		County <i>Garrett</i>		MARYLAND	
Date of death	1909	Month	Jan	Day	20	Age	5 -
Sex		Female		Color or Race		White	
Occupation		—		Birth-place		Maryland	
Where Residing if not at place of death				—			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Frank Ballis			
Mother's Maiden Name				Harriet Bowman			
Name of person giving information				Frank Ballis			
Father's Birthplace				West Virginia			
Mother's Birthplace				Maryland			
How related to deceased				Father			

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	<i>Croup</i>	How long	<i>2 days</i>
Immediate	<i>Croup</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
inferred from		<i>B. M. Briscoe M.D.</i>	
Address		<i>Accident, Ind.</i>	
Accident or Suicide? <i>This child was dead before I arrived at the home and I cannot be certain about the cause of death.</i>			

Hoyes cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Jacob B. Lee</i>		Town <i>Kitzmiller</i>		County <i>Garrist</i>		MARYLAND	
Died at <i>Kitzmiller</i>		Month <i>Jan</i>		Day <i>8</i>		Years <i>37</i>	
Date of death <i>1909</i>		Month <i>Jan</i>		Day <i>8</i>		Age <i>37</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Garrist Co</i>		Months <i>6</i>	
Occupation <i>Labron</i>		Where Residing if not at place of death <i>Kitzmiller</i>		Days <i>16</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Henry Lee</i>		Father's Birthplace <i>Garrist Co</i>					
Mother's Maiden Name <i>Susan Lee</i>		Mother's Birthplace <i>Garrist Co</i>					
Name of person giving information <i>Susan Lee</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	<i>Inflammatory Rheumatism</i>	How long <i>30 days</i>
Immediate	<i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. L. Giles</i>
		Address <i>Blaine W. Va.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Harry Beverly Linger
 Town County

MARYLAND

Died at Accident

Date of death 1909 Jan

Month

Day 25

Age Years

Months One

Days 14

Sex Male

Color or
Race WhiteBirth-
place Maryland

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name George LingerFather's
Birthplace MarylandMother's
Maiden Name Nora HaggieMother's
Birthplace MarylandName of person giving
In formation George LingerHow related
to deceased Father

CAUSES OF DEATH

90

Primary

Cold on lungs

How long

about 10 days

Immediate

Bronchovrhoea

How long

about 2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

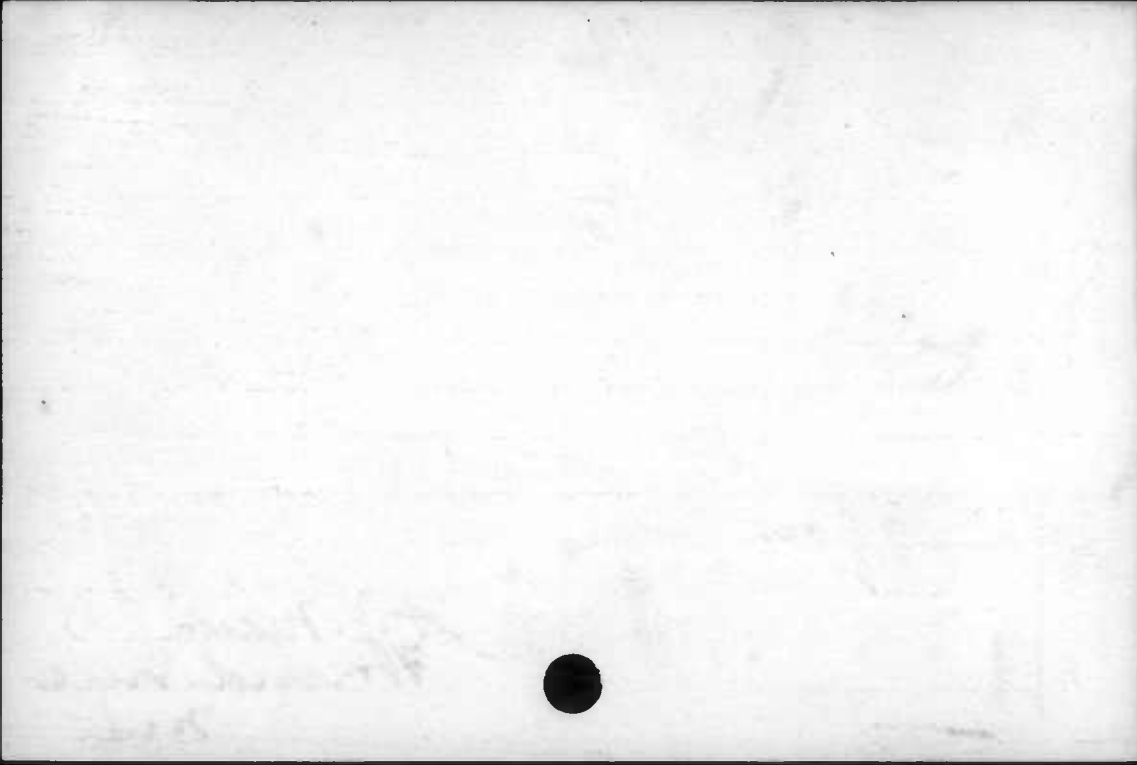
Signature of
Physician B. W. Briscoe M.D.

Address

Accident Ind.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Cecil L. Loman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Kindal</i>		County <i>Garrett</i>		MARYLAND	
Date of death	1909	Month <i>Jan</i>	Day <i>28</i>	Age <i>1</i>	Years	Months <i>—</i>	Days <i>14</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Arthur L. Loman</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Myrtle Patton</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Myrtle Loman</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Typhoid Pneumonia</i>	How long	<i>10 wks</i>
	Immediate	<i>Heart Failure</i>	How long	<i>1 day</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
	Signature of Physician <i>A. L. Mason</i>		Address <i>Thundersville Ind</i>	
Accident or Suicide?				

Blooming Rose

Name
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Morton O'Donnall

CERTIFICATE OF DEATH

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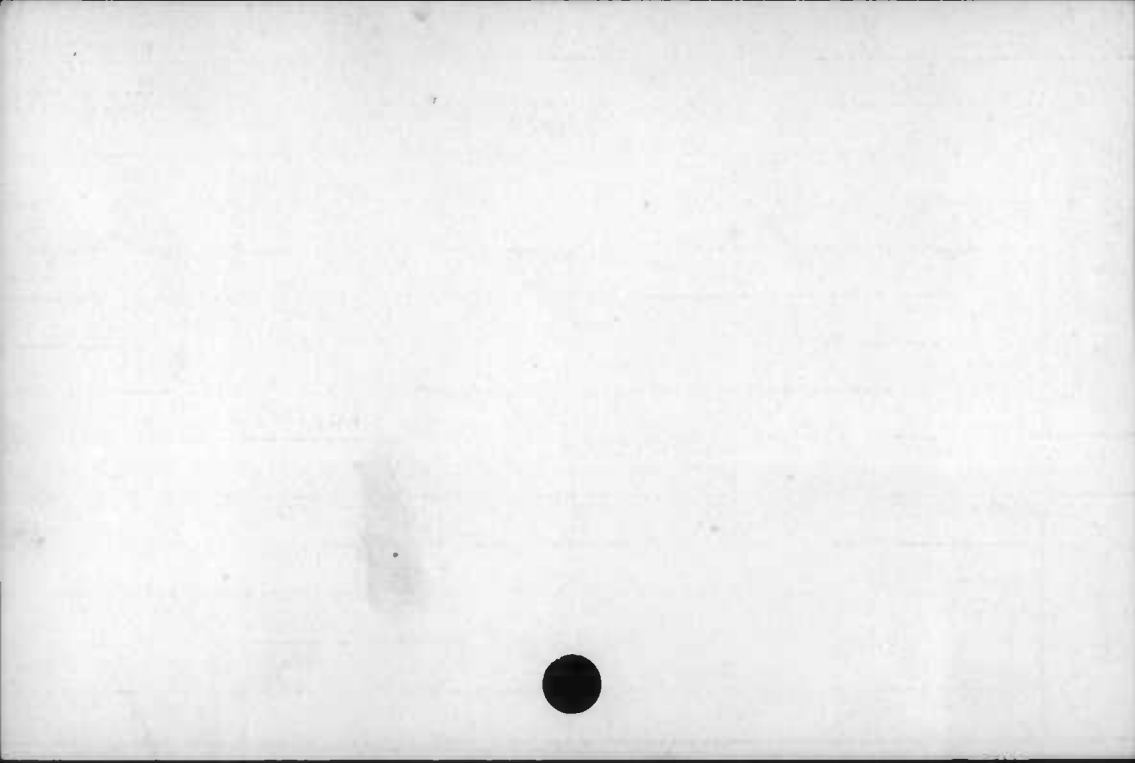
Died at <i>Kitzmiller</i> Town		<i>Emeth</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>Jan.</i>	Day <i>16</i>	Age <i>65</i> Years	Months	Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Hanna O'Donnall</i>			
Father's Name <i>Michel O'Donnall</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>John Wilson</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Regurgitation Heart.</i>	How long	<i>4 years</i>
Immediate	<i>Heart Failure</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>L. J. Hughes-Machan</i>	
		Address <i>Blaine W. S.</i>	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

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Name in Full <i>Mike Zidde</i>		Town <i>Dodson</i>		County <i>Garrett</i>		State <i>MARYLAND</i>	
Died at <i>Dodson</i>		Month <i>Jan</i>		Day <i>24</i>		Years <i>34</i>	
Date of death <i>1909</i>		Month <i>Jan</i>		Day <i>24</i>		Age <i>34</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Russia</i>		Months <i></i>	
Occupation <i>Miner</i>		Where Residing If not at place of death <i></i>		Days <i></i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Mike Miller</i>		How related to deceased <i>Unknown</i>					

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary <i>Alcoholic Poisoning</i>	How long <i>12 hours</i>
Immediate <i>Paralysis of Heart</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. L. Giles</i>
	Address <i>Blaine</i>
Accident or Suicide? <i></i>	<i>N. V. 9.</i>

